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THE DOCTORS WEEKLY

AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 20. NEW YORK, NOVEMBER 12, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power.

"In other words, Papoid possesses the combined powers of Salivary, Gastric, and Pancreatic ferments." (KILMER.—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal.

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal." (LOVE, Prof. Clin. Med. and Dis. of Children, Marion Sims Coll. Med. St. Louis,)

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4 Acts in Acid, Alkaline, or Neutral Media.

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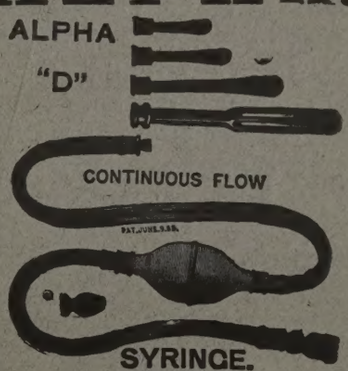

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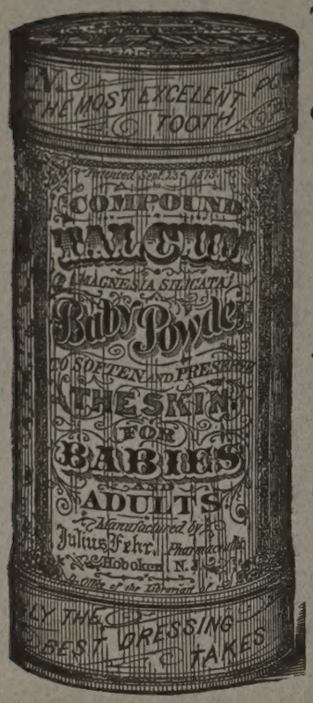

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See Outside Front Cover.

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THE USES AND ABUSES OF COCAINE,

WITH REFERENCE TO MUCOUS MEMBRANES ESPECIALLY.*

BY ARTHUR G. HOBBS, M. D.,

ATLANTA, GA.,

Ex-president of the American Rhinological Association, Member of the American Medical Association, of the Georgia State Medical Association, the Atlanta Society of Medicine, etc., etc.

Since I received my first 20 grains of the hydrochlorate of Cocaine (a part of the first two drachm package that arrived in New York), I have used many ounces; perhaps, altogether, by myself and assistants, almost as many pounds as my original package contained grains.

It will not be amiss for me to say in the beginning that I now have very different opinions of its uses, from those I entertained during the first years of its advent. However, one of my original opinions of its applicability has only become more and more confirmed with my increased use of it; and that is, that its utility is principally confined to its local application to mucous membranes.

The softer the mucous tissue to which it is applied, the sooner is its effect reached and the less the quantity necessary; and, as a consequence, the quicker and more decided is the toxic effect when its application is persisted in to this extent

The general symptoms, however, are, everything else being equal, much oftener present in proportion to the area of membrane surface involved, than in proportion to the strength of the solution applied. Hence, sprays of a weak solution are liable to produce toxic symptoms, when much stronger solutions can be applied with a saturated cotton probe or wad, to a limited area, almost with impunity.

The constitutional effects of Cocain are manifested by a feeling of faintness—it may be even to the loss of consciousness—a trembling af the limbs, a pallor of the face, etc., any or all of which may appear in one minute or in fifteen minutes after the application to a large surface. Again, these symptoms may be produced by a small quantity of a one per cent. solution in one individual and not in another; even if in the latter both the strength and quantity be ten times multiplied. I have never yet reached a conclusion as to the average amount of Cocaine that is necessary to produce the constitutional symptoms; neither do I ever know, the first time I use it, how to estimate the individual's susceptibilities.

Every individual seems to be a law unto himself as to the quantity necessary in his own case to accomplish complete local anaesthesia; and even in the same person the amount will vary at different times, with no apparent cause. Under similar circumstances I find it impossible to reach a complete local anaesthesia in some, short of the toxic symptoms; when in others, one-tenth of the amount and one-tenth of the time will render the application of a galvane-cautery absolutely painless.

To obviate the unpleasantness and delay caused by the constitutional symptoms, it is my custom to administer a stimulant of brandy or whisky at their first indications, and make the operation quickly and, always under such circumstances, painlessly. When it is found by trial that one bears the drug badly, it would be well always to give a stimulant before the second application is made.

I am sure that the last thousand galvano-cautery operations I have made would represent a much greater per cent. that were absolutely painless, than the nearly three thousand cauteries that preceded. Perhaps this has been due to my greater familiarity with the technique of Cocaine applications in the more recent cases.

In some, its effects in the superior pharynx are peculiarly distressing, more especially at the first application, but less and less so afterwards. However, it is well to remember this and avoid it, when making local applications, above, by not allowing the solution to gravitate from the cotton plug.

The time necessary for cocainizing a mucous membrane is perhaps as indefinite as the strength of the solution, both due to that unknown quantity—the individual.

*Read at the 10th annual meeting of the American Rhinological Association at Indianapolis, Sept. 22th 1892.

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Approximately, however, four to ten minutes and a four to a ten per cent. solution for a small surface may be regarded as an average. If the intention is to produce the effect over a small surface only, as in galvano-cautery operations, a concentrated solution—ten to twenty per cent—should be used, and the result expected in four to eight minutes.

If, however, a general turgescence of any membrane should suggest the use of Cocaine, then a spray of a very weak solution—a one or a two per cent.—should be expected to accomplish the desired result in one or two minutes. In either case, the general effects may appear without any warning and mar the anticipated good results, or, at least, render an otherwise easy operation, tedious and unpleasant.

It has been my custom, from the beginning, to make my solutions at the moment I use them and to vary their strength according to the case, and as I use no weights or measures I never know, only approximately, the strength. The range is so great that I hesitate in stating it, as I have not space to give my reasons for sometimes using a one grain to the minim solution, and again, only a one grain to five hundred minims. As a general rule, however, the strength should be in inverse proportion to the surface to which it is applied. Since my many disappointments with ready-made solutions of Cocaine, during the first few months of its advent, I have never risked any solution that had not been recently prepared.

In case it should be necessary to dissolve a large amount, it would be well to add boric acid for its preservation, in a proportion of about one grain of the latter to ten grains of the former.

For safety, it is best to supply the drug instead of giving the patient a prescription to have filled and bring with him for an appointed operation. The operation will thus be less magnified in the patient's mind and he will be less liable to familiarize himself with the proportions and uses of the drug, should the temptation to use it himself arise afterwards. For these reasons, I do not, in any instance, give a patient a prescription containing Cocaine as its leading ingredient.

As an ingredient in sprays, I find it abused more, perhaps, in hay fever prescriptions, than anywhere else. This is true also where it is prescribed in the form of powders for this disease.

The turgescent condition of all the mucous membranes of the upper respiratory tract, especially in the nasal turbinates, that is always present in hay fever patients, is so quickly palliated and rendered bearable, that the temptation is great to prescribe Cocaine in some form for the patient's own use; but it is a dangerous experiment and one to be ventured upon only in exceptional cases.

During the past few years I have seen many journal articles that claimed for it a decided aphrodisiac effect, while my observations have been universally to the contrary. It will not be departing too far from the subject if I mention the effects of Cocaine (through the mucous membranes)upon two cases of priapism, notwithstanding the fact that the results in these cases were reached through the general systemic impressions of the drug. The two young men, who were the victims of this rather unusual disorder, came under my observation by accident, and at intervals of about three years, each came to my office in a carriage for a coincident nasal and pharyngeal inflammation. Cocaine dissolved in vaseline, together with a small quantity of campho-mentholine, was sprayed into the nasal and pharyngeal cavities to the great relief of all the unpleasant symptoms in these regions.

But this was not all. In the first case, to my surprise and to the patient's great joy, the other and more painful malady disappeared within ten minutes. In the second case the symptoms were almost exactly like the first, and the patient's delight was greater than my surprise, as I was this time anticipating a similar result from the same treatment. The relief of the priapism, in both cases, remained permanent.

In both instances, the usual treatment for such cases had been resorted to apparently without any result for 24 and 36 hours respectively, only to be completely relieved by a Cocaine spray used upon a distant mucous membrane for a coincident malady. It would seem that in these cases Cocaine acted as an anaphrodisiac, and it should not be surprising when we remember that its primary effect is to reduce a turgescence of the turbinates, and that these tissues are analogous in many respects to the erectile tissues that are involved in priapism.

(To be concluded next week.)

Patient—Doctor, let me know the worst. Doctor (absent-mindedly)—Your bill will be two hundred dollars.

CLINICAL REPORTS.

Roosevelt Hospital.

SERVICE OF DR. CHAS. MCBURNEY,

Saturday, Oct. 28, 1892.

The woman operated on a week ago for small tumor in axilla, is looking well and the wound which was closed with a continuous or non-drainage suture, is healing, but she complains of severe pain about the arm and breast.

In the case where skin grafting was practised upon an old man who had an eczematous leg for the past seven months, the grafting was successful and only a few unhealthy granulations and a small blood clot remained. Thiersch's method was used, the skin having been taken from the the opposite leg.

The wet cempresses of salt solution were re-applied and will be kept on for a week or two and then dry dressings substituted.

The man who was operated on two weeks ago for extensive gangrenous ulcer, located in anterior tibial region; is doing well, and the skin-grafting has left only a small granulating area which will be removed by a second operation, which will consist in scraping away all granulations and re-covering the denuded surface same as before.

[illegible] OF DR. CHAS. MCBURNEY,

Backward Dislocation of Foot.

The first case was a woman forty years of age who fell about a year ago and twisted her foot. She received no treatment at the time of the injury, and has been gradually growing worse ever since. She has been confined to her bed for the past several weeks. Upon examination the tibia was found to be thrown forward from its articulation with the astragalus, and the fibula which had been fractured about two inches above the external malleolus, had united—the lower part of the bone pointing backward and forming an obtuse angle.

An incision two inches long, (and which was subsequently increased to four inches,) was made over the lower third of the fibula and about one-eighth of an inch taken out and the bone restored to its former position. Another incision was made over the internal malleolus, and the internal lateral ligament divided; an incision was also made just above the calcaneum through which the tendo achillis was separated: Although a great deal of force was used, the tibia could not be pushed back into its normal position, and the first incision was again resorted to and increased two inches farther downward, making six inches; and the internal malleolus was entirely loosened from the tibia. After breaking the newly formed adhesions the tibia was forced into its normal position over the astragalus. The incisions were sutured and foot dressed with splints and plaster-of-paris bandages, which will remain three or four weeks.

Genu Valgus.

The next patient was a boy, sixteen years old, who had had perfectly straight legs up to the age of fourteen and one-half years. During the last one and one-half years his right leg has become bent inward so that his foot is five inches from its normal position. This bending in of the knee is thought to have been caused by an uneven growth between the epiphyses and the shaft of the femur. An incision was made on external surface, just above the epiphyses of femur, and the bone broken transversely, after which the leg was put in its normal position, and bandaged with a few small splints and dental plaster-of-paris.

Service of Dr. Cha's. McBurney,

Saturday, Nov. 5th, 1892.

To-day the Sym's operating Amphitheatre was occupied for the first time. In addition to the [illegible] College of Phys[illegible] and Surgeons a large number of visiting Physicians were present. Before beginning his work Dr. McBurney made some preliminary remarks in regard to the construction and arrangement of the new building, at the same time expressing his gratitude at meeting not only a large number of students but also a liberal sprinkling of visiting Physicians. On this, the opening day, he said, it had been his ambition to make this an ideal operating room. That he had visited Europe for the express purpose of seeing the most modern operating rooms and that in laying his plans for this structure he had tried to make its every arrangement convenient not only for the operator but for the student as well. He said that Roosevelt Hospital would soon be one of the largest institutions of its kind in the world and that in the course of ten or fifteen years it would be three or four times as large as it is now. He said that his greatest desire was and would be at all times to impart the most thorough instructions to all students who might attend his Clinics and at the same time to do full justice to all patients confided to his care. In speaking of the arrangement of the Amphitheatre he said: "We have nearly two hundred separate

seats in this room, the proper arrangement of which has involved no inconsiderable amount of study. The six tiers of seats rising one above the other in semi-circular rows are, as you will observe, sloped at an angle of fifty degrees while the remaining floor space is not quite so steep. The seats are supported by iron beams which leave an open space between them and the floor: the latter is made waterproof by a covering of wire gauze which is covered over by a layer of concrete and asphalt, with a coating of asphalt and varnish over all. This arrangement permits of a free washing of all floor space by the aid of hose conveniently attached on each side near the top seats, while the water, after being thus used is carried away by means of properly arranged drain pipes running down on either side. The arrangement of the seats was made with a view of economizing space and at the same time bringing the students as near the operator as possible. It is to be hoped that those sitting upon the topmost seats, as well as those upon the extreme side seats, may be able to see the work that is being done by the operator: this is a decided improvement upon the old operating room. "In speaking of the manner of lighting operating rooms he said, "I have noticed the arrangements for light both in this country and in Europe; in some cases I have seen but a simple top light, in others only side lights, in others both side and top lights, while some operating rooms in Europe have the light to come in only through a hole in the wall, and still others have a single glass light where all the light comes through a large plate of glass. After duly considering the subject I have thought best as you will observe, to bring the light in from behind the students or those who may be occupying the seats."

Recurrent Apendicitis: Operation.—First case presented was a man, 27 years of age, with the following history: In 1880 he began to have frequent attacks of pain in right half of abdomen; since the beginning of his trouble he had been in various parts of the world and at intervals has suffered with repeated attacks of this localized pain for which he has been treated by various practitioners. These pains have lasted two or three days during which time large quantities of opiates were administered, which produced more or less nausea and vomiting with a high temperature. These attacks, although the acute pain subsided after two or three days, usually confined him to his bed from two to three weeks A careful examination to-day revealed no local lesion, but finger pressure over one particular spot in the right inguinal region detects extreme tenderness and this area is immediately over the vermiform appendix. As the patient is to-day in apparently good health, many physicians and surgeons would differ as to the proper treatment of his case, and many patients recover from such attacks without surgical interference. The next attack in this case however, might prove more severe than in any preceding attack and result in suppuration, septicæmia, etc. As the patient has chronic appendicitis, which is clearly shown by examination, he will be rendered infinitely more secure against future attacks by immediate operation. The operation in some of these cases is quite easy and quickly done, while in others much difficulty is encountered in finding the vermiform appendix. After the appendix is found and dissected out, careful attention should be given to cleansing and dressing the stump. The exact point of extreme tenderness was found to be two inches from the anterior superior spine of the ilium on a line drawn upward to the umbilicus. The operator made an incision five inches long parallel with Poupart's ligament: all hemorrhage was promptly checked after which the operator proceeded to locate the appendix by tracing the ascending colon to its beginning, the appendix, in a much diseased condition, was found and removed, after which the stump was dressed in the usual manner, the Paquelin cautery having been applied to its mucous surfaces. Dr. McBuruey does not close up the external wound entirely at the time of operation, but leaves sufficient space at the lower edge of the incision to permit a free drainage which he secures by the use of absolutely dry gauze dressings. The wound was covered with gauze, over which was placed a layer of cotton and a bandage applied over all. This dressing will be allowed to remain four or five days, at the expiration of which time the wound will, if found in good condition, be completely closed by additional sutures.

Vesical Calculus: Supra-Pubic Cystotomy.—The next case was that of a man who presented the following history: Three years ago he fell from a height of twenty feet upon a stake or post, the sharp end of which entered his body near the anus and penetrated the bladder. For a period of three weeks following receipt of injury, more or less urine passed through the traumatic opening, at the end of which time the wound closed and he has since enjoyed fairly good health. To-day he complains of peculiar pain at the end of his penis, and his urine is very offensive to the smell. Upon examination a foreign substance of considerable size was detected in the bladder. Preparatory to an operation, a Peterson bag was introduced into the rectum for the purpose of elevating the prostate gland and bladder, while the latter viscus was distended by an injection of five and a half fluid ounces of water. A temporary ligature was applied around the penis to prevent the escape of this injection. An incision was made through the abdominal wall in the median line just above the pubes. The peritoneum was pushed aside and the incision extended into the bladder. A stone measuring about 1 x 2 inches was found and removed, the walls of the bladder, except at the point where the stone was found embedded, were in a healthy condition. A drainage tube about fifteen inches long was introduced and fixed in position by a silk stitch; boracic acid ointment was rubbed on the skin to prevent excoriation, and dry dressings were applied to the wound in the usual manner. The latter will be changed three or four times daily, or as often as necessary.

NORMAL QUANTITY OF URINE PASSED.

From 30 to 60 ounces of urine is passed in 24 hours. It is of acid reaction and has a specific gravity (sp. gr.) of 1018-1020, the usual variations being 1015 to 1025. The urine may be increased in diabetes, amyloid kidney, chronic nephritis, hysteria, and from excessive drinking of fluids. It may be decreased in acute fevers, acute nephritis, etc., etc. There is a constant diminution in the quantity of urine in acute disease until the height of the disease, when it remains nearly constant until convalescence begins, when it returns to its normal gravity. The temperature in taking sp. gr. should be 60. The figures on the urinometer are the last two figures of the sp. gr. The specific gravity of urine to be of much value in diagnosis must include a knowledge of how much is passed in 24 hours. Indeed sp. gr. is of the greatest importance in diagnosis.

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A REPORT OF THREE UNUSUAL CASES.

By H. D. Ingraham, M. D.,
Professor of Gynæcology, Niagara University.

The three following cases, which occurred in my practice at the Buffalo Hospital of the Sisters of Charity, during the past winter are so unusual that it seems to the writer that they warrant being placed on record. Case number one is reported simply as an anatomical curiosity. Cases like that of number two are believed to be quite infrequent although a few similar ones have been reported.

The reporter is not aware that many cases like the third one, are on record, yet a few have been mentioned in which there was a much larger quantity of fluid.

Case I.—When making my visit at the hospital one day last February I was told that an Italian girl, æt. nineteen, who came in the day before, had some lesion of the generative organs. The patient could not speak English and at that time there was no one in the hospital who could speak Italian. An examination was made and it was found that the rectum opened into the *fossa navicularis*. The sphincter muscle was partially developed, yet not sufficiently to close the bowel completely. The patient had incontinence of fæces unless the bowels were constipated and the stools unusually hard. The next day the patient's condition was explained to her, by the aid of an interpreter, and an operation to remedy the malposition advised, but she chose to put up with the trouble and left the hospital before any attempt was made for her relief. In all other respects the patient was well developed.

Case II.—Last November Dr. Brooks of Conewango this State brought to my office Miss B. S., æt. seventeen, born in New York. Her family history was good and to all external appearances she was well developed. Her health had always been good until a little more than two years before, when she began to have severe colicky pains in the hypogastic region lasting from three to seven days.

These pains made their appearance regularly every four weeks. She did not menstruate nor was there any abdominal enlargement. After several attacks of this kind her mother consulted a physician who, I am told, gave her medicine without any benefit. A short time before I saw the patient the mother had consulted Dr. Brooks. He examined the girl, and informed the parents that an operation was necessary, and brought her to me. The breasts and external genitals

were well developed. There was, however, no hymen nor the remnants of one. The vagina was normal except at the depth of about three inches it terminated in a cul-de-sac. Just beyond this partition, which was about the thickness of the vaginal wall, could be felt what appeared to be the uterine cervix with a dimple in the centre, apparently the external os. This body was about the diameter of the normal cervix. B-imanual examination gave negative results owing to the tense, firm condition of the abdominal walls and the sensitiveness of the patient. By passing the finger into the rectum the uterus could be outlined but it seemed not much more than half the usual size. However, it was thought best to see if an opening could not be made into the uterus even though the organ was undersized rather than distended as would be expected from the history of the case. Accordingly the patient was sent to the hospital and two days later under an anæsthetic and with all antiseptic precautions an opening was made through the septum in the vagina. A small cut was made with a knife and enlarged with a uterine dilator so as to freely admit the finger.

It was found that the uterus was undeveloped, that it was much smaller than normal, and without any opening or external os.

The tissues were separated and the finger was passed up by the side of the uterus an inch or so, to the fundus, yet it did not enter the abdominal cavity.

The tubes appeared to be enlarged and distended with fluid, especially the left one. As it did not seem possible to drain the tubes through the uterus the opening made in the vagina was closed with catgut and the patient put to bed and kept quiet for a few days. Her condition was fully explained not only to her parents but to herself, and the removal of the tubes and ovaries advised. Ten days after the opening in the vagina was made, this was done, Dr. Brooks assisting. The right tube was about four times its normal size, being distended with blood and serum, but was free, there being no adhesions. The left tube was twice the size of the right, quite tortuous and sacculated, this was also filled with blood and serum and was connected with the surrounding tissues by firm adhesions.

Neither tube was distended to its uterine extremity, but just before they reached the uterus both appeared to lose their tubular character and become membranous brands. After their removal no opening into the uterus from either tube could be discovered. During this operation I again had an opportunity to verify the fact that the uterus was only a little more than half the usnal size. The patient made a good recovery and has been well since, the colicky pains having disappeared.

Case III.—Four years ago, with two of my colleagues, Profs. Cronyn and Lothrop, I examined an unmarried woman, aged thirty, who had a very much distended abdomen. This young woman and a twin sister were all who were left of a large family, nearly all the other members having died of some form of tubercular disease.

She had noticed the enlargement for the past two years, but for the last few months it had not apparently increased. The patient's health was good, her only suffering being due to the inconvenience of such a large abdomen and the remarks that people made, which were not always complimentary.

The abdomen was perfectly symmetrical and was apparently filled with a thin fluid. When she lay on her back both sides bulged out as in ascites, and when she stood up the lower part of the abdomen bulged more than when lying down. All objective symptoms except one indicated that the fluid was free in the abdominal cavity, not enclosed within a cyst, the umbilicus was retracted and not prominent and thinned as it is in ascites.

As it was not clear to us just what the trouble was, the patient was advised to wait for a time and if any change occurred to report at the hospital immediately. Soon after she went South and I did not see her again for more than four years, when she returned to Buffalo and was sent to the hospital by Dr. Cronyn on the 20th of last April There was but little if any change in her condition since the previous examination. The abdominal distention was about the same, in fact it was apparently as great as it could be when first seen.

An exploratory incision was advised, not because of any change in the patient's condition, but because it was thought best to ascertain the cause of the trouble, if possible; and at this time it was suspected that a cyst involving some organ was the cause of the distention. The patient remained in the hospital and was prepared for the operation in the usual manner, and two days later a small exploratory incision was made. After cutting through the abdominal walls it was discovered that the fluid was contained within a cyst; a trocar was introduced and three-and-one-half gallons of a thin, clear, colorless fluid drawn off. The cyst was then brought through the opening, the pedicle, which was six inches broad, ligated and the sac removed. It proved to be a cyst of the left broad ligament, which is not so very uncommon, but a large one like this, one that completely fills the abdominal cavity simulating ascites is certainly not often seen. The patient made a good recovery.—*N. Y. Jour. of Gyn. and Obstet.*

ON THE PREVENTION OF LACERATIONS OF THE PERINÆUM PRIMIPARÆ.

The experience gained in a large midwifery practice here for some years has convinced me that the following suggestions, if thoroughly and carefully attended to, will, in the large majority of cases, allow of the passage of the fœtal head with laceration of the perinæum; and this is borne out by the fact that in primiparous cases where the child was born before my arrival I have invariably observed some degree of laceration of the perineal tissue. I do not consider that the mere "supporting" of the perinæum during the birth of head is, *ipso facto*, sufficient to prevent laceration; it is but a factor in the result desired, and is beneficial by delaying any too rapid advance of the presenting part. The chief causes of rupture of the perinæum are undoubtedly:

1. Too rapid advance of the presenting part before sufficient dilatation of the parts has had time to take place.

2. Abnormal rigidity of the parts.

3. The outlet is too small or the presenting part too large.

As the presenting part reaches the perinæum the parts are expanded in all directions, and, therefore, two fingers, well anointed with antiseptic uterine lubricant (Summer's), should be used during or directly preceding the pain in order to assist dilatation by expanding the perinæum in every direction. During the intervals between the pains, a sponge wrung out in warm water aseptic with carbolic acid should be applied to the perinæum, the result being some softening of the parts by relaxation of the soft parts, and in addition this application is grateful and comforting to the patient and facilitates the removal of any mucus or excreta during the passage of the presenting part. Supposing the head to present, as is more commonly the case, as labor progresses pressure should be exerted upon it in a direction to promote flexion of the chin upon the sternum, and this manœuvre not only places the head in a more favorable position for passing the perinæum but is sufficiently dilated to prevent any rupture of the same.—Charles H. Miles, L. R. C. P. Lond.—*In Hosp. Gaz.*

CONSERVATIVE TREATMENT OF GUN-SHOT WOUNDS OF THE ABDOMEN.

Frederick B. Lippincott, M.D., of Philadelphia, (*University Med. Mag.*) in his inaugural thesis on this subject, draws the following conclusions:

1. In about 90 per cent. of penetrating wounds of the abdomen, the viscera are involved.

2. In the majority of cases of abdominal gun-shot wounds the intestinal lesions are multiple.

3. When the viscera are wounded, feces and gas, or finding the ball in the evacuations, are the only pathognomonic symptoms.

4. Nature is capable of effecting complete repair in wounds of the viscera by prolapse of mucous membrane, exudation of plastic lymph, bringing a healthy surface over the rent in the gut, and finally cicatrization.

5, Statistics do not show a better mortality by the operative than they do by the conservative treatment.

6. Wounds of the stomach and small intestines are more grave than those of the large intestines.

7. Shock ot itself is not a symptom of internal hemorrhage.

8. The most common cause of death in gun-shot wounds of the abdomen is septic peritonitis, although death from shock and hemorrhage are not rare.

9. The use of hydrogen gas by rectum as a means of diagnosis is not infallible.

10. Statistics do not justify abdominal section, except in well selected cases, and particularly where there is pronounced hemorrhage.

11. So far laparotomy has increased the mortality of gun-shot wounds of the abdomen.

12. It is necessary for localized peritonitis to occur in order to attach the wounded gut to some healthy peritoneal surface.

13. The indications for treatment are to promote reaction, control hemorrhage by pressure or abdominal sectiou, stimulate hypodermically, nothing hy mouth, feed by rectum until adhesions have perfectly formed.

VACCINATION.

To the Editor of "The Medical Reporter.

Dear Sir,—I have read with great pleasure your articles on vaccination. I should like however to supplement a few practical sug-

gestions which may be useful as a sort of connecting link to what you have already written. They are:

1. Except so far as any immediate danger of small-pox may require, vaccinate only subjects who are in good health. As regards infants, ascertain that there is not any febrile state, nor any irritation of the skin, especially chafing or eczema behind the ears, in the groins or elsewhere in the folds of the skin.

2. Do not, except of necessity, vaccinate in cases where there has been recent exposure to the infection of measles or chicken pox.

3. In all ordinary cases of primary vaccination, if you vaccinate by separate punctures, make such punctures as will produce at least 4 separate good sized vesiclec, not less than half an inch from one another; or if you vaccinate otherwise than with separate punctures, take care to produce local effects equal to those just mentioned.

4. Care should be taken for keeping the vesicles uninjured during their progress.

5. As a rule lymph from the cow is not so very successful, therefore, try to vaccinate with liquid lymph directly from arm to arm. (To provide against emergencies, always have in reserve some stored fresh lymph, kept in uniformly capillary tubes, hermetically sealed at both ends).

6. Never use fresh lymph which has the slightest admixture of blood.

7. Take lymph from subjects who are in good health, and as far as you can ascertain of healthy parentage.

8. Avoid lymph from subjects who have had skin diseases or if you can trace any history of syphilis in the family.

9. Open the vesicles carefully and take only clear and transparent lymph.

10. Never squeeze or drain any vesicle.

11. Be careful never to transfer blood from the subject you vaccinate, to the subject from whom you take the lymph.

12. Keep in good condition the lancets which are used for vaccinating, and cleanse the instruments after each operation.

Yours etc.

MEDICUS.

—*Calcutta Med. Reporter.*

NOT THE FAMILY DOCTOR.—A West End lady was telling another one last night that her husband had been so sick the night before that she had to send for a doctor. "But I thought you had a doctor in the house—your eldest son," said the lady addressed. "True, but we only let him doctor the servants," said the proud but cautious mother.—*Med, Fortnightly.*

THE DISPENSARY EVIL.

The dispensary question has cropped up under an unusual aspect in the case of an East side druggist, who maintains a consulting room where a qualified physician prescribes gratis. The prescriptions are not handed to the patients, but are sent in to the drug store, where the patient pays for the medicine. The enterprise is felt by practising physicians to bear somewhat hard on them. At the same time some other druggists in the neighborhood might secure more trade if this shop were not connected with the free consulting room.

The abuse of the dispensary in this town has long been felt by physicians. Of the liberal professions, that of medicine alone gives its service to the poor gratuitously. Law is much too shrewd to pare down its own emolument. Divinity may be free to the partaker, but its ministrant is paid by somebody. The civil engineer's service is not rendered to the poor. The physician alone is taxed in his personal services without reward. He accepts the tax willingly and pays it cheerfully, in which fact exists the soundest reason for not imposing it unfairly. The right regulation of the matter is not simple. Existing arrangements seem far from right or fair, but their proper remedy is obscure.

The evolution of the apothecary is a story of some interest. He was once a grocer. The first charter to his craft was granted "to the Freemen of the Mystery of Grocers and Apothecaries of the City of London." Later they were disunited, and the drug venders were chartered separately. They were at first under the control of the College of Physicians, whose members might invade their shops and seize their stock if pronounced impure. But the tradesmen soon grew rich. They emancipated themselves from this control. Next, they began prescribing. Then there was war. To put the upstairs down, the physicians formally resolved "to give their advice gratis to all their sick neighboring poor, when desired." The first dispensaries were started. Little hospitals and infirmaries were founded, appealing to the rich for aid. This movement was specially abused, as witness Smollett's novels, which show how it was used by unknown doctors to puff themselves. Some were started by the friends of young physicians and surgeons, says Jeaffreson, in his "Book About Doctors," conspiring together to get them position of being attached to an hospital staff.

It is needless to pursue the later separation in England of the apothecary from the druggist. Throughout the evolution of the craft and of the dispensary, it is seen that each step was taken to remedy an abuse. First, the physicians, when all power was their own, abused it by withholding service from the poor. Next, the apothecaries abused their own monopoly as dealers to charge the poor prices they were unable to pay. They encroached on the physician's function to prescribe, who, in retaliation, struck at their legitimate trade through the dispensary. At the present time it is admitted that the dispensary is abused to the injury of physician and druggist alike. Finally, we have the instance which has served as text for this sketch, namely, a free consulting-room attached as an annex to the mercantile enterprise.

The retrospect shows that a strict monopoly in the hands of either physician or apothecary is abused, as all monopoly unchecked always is abused. The remedy for existing ills must, to be efficient, hold a middle course, protecting both tradesman and practitioner from the encroachments of the other without empowering either to oppress the poor. Reflection will probably convince most persons that abuses now justly complained of are not amenable to legislation. A committee of druggists, of general practitioners and of dispensary doctors, ought to be able to formulate a system which all could co-operate in enforcing. Such a committee might, perhaps, need to be permanent. In a sense, it would be a natural board of appeal, whose decisions would perhaps carry all the more weight if left without any binding force in law. Sanctioned by professional opiniou, they would carry a weight of obligation like that—far exceeding any which law can impose—attending the debt of honor.—*N. Y. Sun.*

WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

In commencing the instruction in Latin of the students of the Woman's Medical College of this city, I gave the following reasons why as medical students they should acquire a knowledge of that language. I am glad to say that all the students of the college except three or four, and they having previously studied it elsewhere, have joined the class.

1. Because though called a "dead" language, and although not now spoken, by any nation, it is not really dead, but flourishes with a perennial and ever increasing vigor.

2. Because of its wide and far-reaching influence on the structure and development of the languages of all civilized nations, especially those of Southern Europe.

3. Because the resources of our language do not suffice for the constantly needed new supply of words, for which we are compelled to resort to the "classics."

4. Because we cannot dispense, if we would, with the Latin that has been incorporated into our own language.

5. Because science and medicine are full of Latin terms and others are being constantly added to our scientific vocabulary.

6. Because of the aid it affords to the study of science and medicine and to the knowledge of the source and meaning of words.

7. Because even an elementaty and imperfect knowledge of Latin will afford great assistance in your medical studies.

8. Because the study of Latin disciplines the mind, promotes habits of thought and attention, elevates the sentiments, imparts a scholarly tone, and furnishes one with noble examples, grand ideas and a magnificent literature.

9. Because no translation affords an adequate conception of the great classical authors, and besides if it did scarcely anyone would ever read it. Thus, those who do not study the language itself are virtually cut off from all its benefits.

10. Because a classical and literary training is the most important preparation for the medical career.

11. Because a very respectable knowledge of Latin can be acquired at very little cost of time and study, perseverance being the chief element of success in its acquisition.

12. Because its requirement is in the line of elevation of the medical standard, and consequently of the standing of the medical profession.

13. Because this college in common with all respectable American medical colleges now requires it as a part of its preliminary requirements in conformity with the regulations of the American Medical College Association.

14. Because, for the new students, the forms of its reqirement are most liberal and accommodating, a year being allowed for preparation.

15. Because through the liberality of our Faculty the opportunity of acquirement is offered to all of you—whether first, second, third or fourth year students, free of cost.

EUGENE F. CORDELL, M.D.

In Md. Med. Jour.

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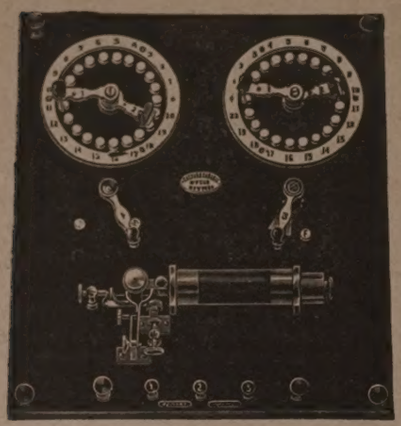

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OBITUARY.

Dr. W. H. Geddings, a prominent physician of Aiken, S. C., is dead.

Died at his late residence, Mount Vernon, N. Y., on Nov. 4, Chas. A. Seeley, Ph. D., age 67 years.

Died at El Mora, N. J., on Wednesday, the 2d inst., Anna L Kuypers, daughter of the late Dr. Samuel S. Kuypers.

Died on November 4, at the residence 493 Clinton av., Brooklyn, Elizabeth A. M, wife of Dr. J. B. Elliott.

Died at her residence in this city, Nov. 3, Sarah Louisa, widow of Edward Haight and daughter of the late Dr. William Burgoyne.

Dr. Archibald Maclay died at his home, No. 117 East Sixteenth street, Tuesday evening, Nov. 1. He was one of the oldest members of a prominent New York family of that name. He died from an attack of pneumonia, resulting from a cold contracted Sunday night while at dinner. Dr. Maclay was born in this city on March 20, 1812, and here he received his education. He was graduated from the College of Physicians, and became one of the leading men in his profession.

MARRIAGES.

At Brownsville, Texas, Oct. 26th, ult., Miss Leah, daughter of Dr. A. S. Wolff, to Mr. B. L. Coin.

At Austin, Texas, the home of the bride on the 16th of Sept. last, Miss Minnie Ezell to Dr. Walter Marshall of Longview, Texas.

Married on Wednesday, Nov. 2, 1892, by the Rev. J. Silverman, Florence, daughter of Lewis Friedman, Dr. George Meyers, all of this city.

To be married at Pine Grove, near Maplesville, Ala., on 22 Nov., Miss Aurora Johnson, daughter of Dr. Joseph Johnson, to Dr. D. A. Campbell of Louisville Ky.

At Wesson, Miss., September 28th last, Miss Laura Ellis to Dr. Lee Little.

PERSONALS.

Dr. Wm. C. Jarvis, of New York, has been elected professor of laryngology in the medical department of the University of Vermont.

Dr. George Woolsey, has changed his address to 117 E. 36th St.; Dr. Carl Koller to 32 E. 60th St., and Dr. John Bacon has located at Haddenfield, N. J.

Dr. J. C. Warren, of the Harvard Medical School, has been appointed President of the section on Medical Pedagogies of the Pan-American Medical Congress.

Dr. J. Emmett Blackshear of Atlanta, Ga., who came to New York some weeks ago to interview our local physicians on Verrhus Clemiana, has been compelled to return South, on account of his health.

CRANK DRUGGISTS.

A prominent druggist, one whose opinion is based on long and thorough acquaintance with the profession, said a few days ago, in the presence of several representative colleagues, and they contradicted him not: "There is nowhere in the commercial or professional world such a set of all around cranks as the retail druggists. They confine themselves to one rut, the narrow circle of their profession, and grow selfish and morbid to a degree that practically unfits them for the buffeting hither and yon that is met with in the outer world. None realize this better than the manufacturer and wholesale druggist, who are frequently compelled to proceed as though dealing with an overgrown child. Should some petty disturbance arise between a druggist and his neighbor a block away, everything else is thrown aside in a sort of schoolboy fight, unreasonable, impracticable, impolitic, unprofitable. Too often are business principles forgotten or made subservient to the impetuous determination of the quarrellers to "get even" and many a proprietary article or patent medicine is sold at a price lower than marked on the wrapper, although the dealer may be the soul of honor. That is where the manufacturer and wholesale druggist are left without protection. Whatever his political beliefs may be, the intelligent man of to-day, the fair minded citizen of the commercial community, believes in a reciprocity that reciprocates, and if he makes a demand for protection in certain directions, he should stand ready to protect that protection."—*Phar. Era.*

A SMART HUSBAND.—Stranger (midnight)—"I should like you to go to No. 999, Suburb avenue, to see my wife."

Doctor—"All right. I'll be ready as soon as I can get my carriage. Wait and you can ride with me."

Doctor (two hours later)—"I can see nothing the matter with your wife, except that she seems pretty mad at being waked up."

Stranger—"Remarkable recovery, I must say. Here's your dollar."

Wife (five minutes later)—"Who in creation did you bring a doctor to see me?"

Husband—"The street-cars had stopped running, and it was cheaper than hiring a cab."—*Ex.*

A RARE CHANCE.

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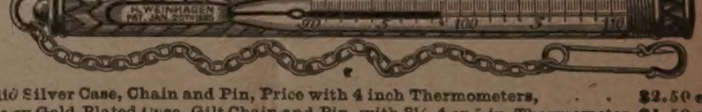

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Very respectfully,

BALTIMORE, MD., 8, November 1887. ORRAY T. SHERMAN

The Doctors Weekly

IS PUBLISHED

EVERY SATURDAY,

BY

FERDINAND KING, M. D.

EDITOR AND PROPRIETOR,

96 FULTON STREET,

P. O. Box 1209, NEW YORK, U. S. A.

To whom subscriptions, and all communications relating to any department of the journal should be addressed.

Subscription $2.00 a Year. Single Copy by Mail Ten cents, post-paid.

Entered at NEW YORK *Post Office as second class matter.*

REFORM IN MEDICAL NOMENCLATURE.

The eminent British surgeon, Jonathan Hutchinson, in an address delivered at the opening meeting of the Medical Society of London, made many valuable suggestions (*British Medical Journal*) on the subject of Reform in Medical Nomenclature. He deprecated earnestly the suspicion of a wish to stereotype any given definitions or to fix the laws of classification. In a progressive science like that of medicine he said that any such aims would be absurd. He protests against the employment of words which have no definite meanings. In speaking of "PHAGEDÆNA" he said: It may, perhaps, be said that it is not the name for a disease but rather for a certain condition occasionally assumed by the inflammatory process. Between simple phagedæna, sloughing phagedæna, and hospital gangrene, there is no difference of kind, but only of degree of severity—that hospital gangrene is simply phagedæna having become epidemic in a hospital containing patients affected with wounds. The term "ERYSIPELAS" is also suggestive of controversy, one school of opinion regarding it as a specific fever and classing it with the exanthems while the other school rank it only as a specialized form of inflammation. He preferred the name "DIPHTHERITIS" to that of "DIPHTHERIA" now commonly used to describe a contagious inflammation of mucous surfaces and chiefly of the throat, frequently attended by the formation of pellicles infective by continuity in the patient, and easily spreading, by contagion, to others. These are only a few instances suggested by Mr. Hutchinson to show the necessity for a reform in our medical nomenclature. We agree fully with this eminent author and trust that some one equally prominent in this country will take up the subject and urge its agitation among our own physicians.

EDITORIAL ITEMS.

A CONVENTION of representatives of all the Southern Medical Colleges will be held at Louisvile, Ky., on the 16th inst. for the purpose of considering the question of a higher standard of medical education.

SEVENTEEN PAGES of a recent issue of the *Maryland Medical Journal* were devoted to an advertising "write up" of a so-called consumption cure. This kind of business is not calculated to elevate medical journalism, even a little bit.

THE Grand River Medical Society will hold its seventeenth semi-annual meeting at Brookfield, Mo., beginning on the first Thursday in December next. Dr. C. O. Deury, of Ludlow, Mo., is secretary.

A CALLED meeting of the Mississippi State Medical Association was held at Jackson in that State on the 2d inst., for the purpose of recommending to the Governor the names of five physicians for appointment on the Board of Health.

THE PUBLICATION office of the *Annals of Ophthalmology and Otology* has been removed from Kansas City to St. Louis. This (in addition to the *Medical Era* just started there) gives the Mound City almost a dozen medical journals. Wonder it they have a nice large almshouse over there.?

PAPER MONEY AS A CARRIER OF INFECTION.

The possibility of infection being conveyed to a large number of persons by means of paper money has often been suggested, and an examination of the notes of the Bank of Spain current in Cuba which has recently been published by Drs. Acosta and Ross in the *Cronica Medico-Quirurgico de la Habana* shows that this form of currency is indeed liable to contain septic germs. The notes chosen for their experiments were some that had been in use for a good while and were such as represented values of a few pence only. It was estimated that two notes, weighing altogether about fifteen grains, contained more than 19,000 germs of various kinds. Cultures were made in broth, gelatine and agar, and these were injected into the peritoneal cavity of rats and guinea-pigs, most of which died within twenty-four hours, the post-mostem examination showing signs of peritonitis and congestion of the liver and kidneys. The blood of the heart and peritoneum was made use of to inoculate solid media, in which colonies developed so rapidly that it was impossible to determine their precise nature, many different forms being intermingled.—*London Lancet.*

[Give us more of the infection. —ED.]

URINE ANALYSIS.

The importance of urine analysis as an aid to intelligent diagnosis is becoming more and more apparent as our knowledge of disease increases. The methods of making such analyses have always been more or less obscure and unsatisfactory. But the HANDY-ANDY pocket case advertised on our 3d page of cover contains among other things an outfit (urinometer, tablets, etc.) with directions that so simplify the analysis of urine that even a novice may perform the work in an accurate and satisfactory manner at the bedside of the patient or in the office. No physician should be without this outfit.

GARDNER'S

SYRUP OF HYDRIODIC ACID.

HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a nonirritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner *

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(Hydrated Oil.)

Produces rapid increase in Flesh and Strength.

FORMULA—Each Dose Contains:

Pure Cod Liver Oil	80 m. (drops.)
Distilled Water	35 m.
Soluble Pancreatin	5 Grains.
Soda	½ "
Salicylic Acid	¼ "

Universally Prescribed.

It is sought to introduce THIS INVALUABLE THERAPEUTIC AGENT exclusively on its MERITS, and for that reason the Profession is appealed to ONLY THROUGH THE COLUMNS OF MEDICAL JOURNALS.

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A sample of Hydroleine will be sent free upon application, to any physician (enclosing business card), in the U. S.

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For Physicians' Use Only.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia.

Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and when used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

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RICHMOND, VA., June 9, 1891.
I am very much pleased with your electrical apparatus. The battery and electrodes all work well. I have to thank you too, for your promptness in attending to the different orders I have sent you. I can conscientiously recommend your house to others in need of supplies. Very truly yours,
HUNTER MCGUIRE, M.D.

All goods are warranted as represented. Send postal for Catalogue. Upon receipt of ten cents we will forward a reprint on "Electricity in Gynæcology," by Professor G. J. Engleman, St. Louis, Mo.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

WITH DOCTORS WEEKLY. $3.50.

PRESCRIPTIONS.

TOOTH DROPS.—

℞ Ol. cajeput. virid,
Ol. caryophyll, aa *m* xv.
Chloroform, 2 ʒ ss.

℞ Camphor,
Chloral. hydrat., aa ʒ ss.
Spts. menth pip., *m* xv.

℞ Tr. cannab. ind.
Ol. caryophyll,
Chloroform, aa f ʒ ss.
Doberaner Tooth Drops:

℞ Tr. opii deodorat.
Ol. menth. pip.,
Spts. æther, aa *m* xv.

—*Condensed Extracts.*

TREATMENT OF CHOLERAIC DIARRHŒA.—The St. Louis *Medical and Surgical Journal* cites the following Russian for mulæ :

℞ Herbæ Menthæ pip, ʒ iss.
Croci orientalis, grs. xl.
Opii puri, grs. lxxx.
Rad. valerian, ʒ viii.
Rad. rhei, ʒ xii.

Infunde in spiritus vini rectificati fl. lb. jj digere per octo dies deinde filtra.

PRICKLY HEAT OR NETTLE RASH.—

℞ Sal. Epsom, 1 ounce.
Ferri Sulph., 1 drachm.
Acid Sulph., dil., 1 drachm.
Tinct. Gentian, 1 ounce.
Aquæ, q. s ft., 8 ounces.

M. Sig.: One ounce every two hours until it acts, then three times a day. Less for children.—*Med. Brief.*

—P. H. THORNTON, M. D.

GONORRHŒA.—

℞ Morph. sulph., 4 grains.
Zinc. sulpho-carbolate, 40 grains.
Hydrogen peroxid (Marchand), 4½ drams.
Aquæ, dest. q. s. ad., 4 ounces.

M. Sig.: Use syringeful, after urinating, three times a day.

INOZEMTZOFF'S DROPS, or tinctura anticholerica, are (St. Louis *Med.* and *Surg. Jour.*) dispensed after the following formula:

℞ Tincture rhei vinosæ, 30 grams.
Tincturæ strychini seminis, 3 grams
Tincturæ castorei canadensis,
Tincturæ opii simplicis Ph. Rossicæ
Tincturæ valerianæ ætheræ,
Spiritus ætherei, ana 5 grams.
Spiritus menthæ piperitæ Anglici 10 grams.

M.D.S.—To give from fifteen to twenty drops every fifteen minutes.

THERAPEUTIC NOTES.

ANTIPYRINE is reputed to possess hæmostatic properties when applied to the bleeding part in the form of a saturated aqueous solution.

SWEATING FEET.—Strips of soft filtering paper soaked in a solution of salycylic acid and dried are recommended for the absorption of perspiration in excessive sweating of the feet. The strips are cut to the shape of the foot and applied next to the skin.

BANANA JUICE INK.—A correspondent of the *Confectioners' Journal* says that banana juice makes a first-class indelible ink. A spot on a white shirt from a dead ripe banana is marked forever, and the juice from bananas thoroughly decayed, is a bright, clear carmine.

TR. IODINE IN RATTLESNAKE BITE.—Dr. E. F. Brown, of Kissimmee, Fla., has had ("Med. Brief") good results from iodine tincture in drop doses every fifteen minutes for an hour, and then drop doses every hour for twelve hours. Dr. Gauthier, (*Medical Standard*, Vol. II.) had also good results from it.

LYSOL IN EAR DISEASE.—Haug ("Jour. de Med. de Paris." p. 13) recommends irrigation with a centesimal solution of lysol in the treatment of meatus otorrhœa. In cases of co-existing and tympanic membrane inflammation, irrigation is preceded by instillation of a few drops of a solution of forty-eight grains cocaine hydrochlorate in a half ounce each of distilled water and alcohol.

I AM SATISFIED that in many cases a nice warm meal is better than any medicine. Still, I have had several cases in which the pains were exhaustingly severe, and in which I was glad to turn to nitrite of amyl. This potent drug is a very efficient controller of after-pains, and used cautiously, I see no reason to apprehend harm from it. A neat way to use it is to saturate a piece of tissue paper with five or six drops, stuff this into a two drachm vial, and request the patient to draw the cork and inhale the odor when she feels the pain coming on. It acts with magical celerity.—*Dr. Winterburn, in Journal of Obstetrics.*

BILIOUS COLIC.—In the August number of the *Brief*, Dr. R. U. Palmer, Armour, Tex., asks for a remedy for bilious colic. I have relieved and permanently cured several cases of long standing by having them drink none but rain or cistern water.

U. L. TAYLOR, M. D.
Columbia, Ky.

CHLOROSIS IN A MALE.—Dr. Johnson gave to the Montreal Medico Chirurgical Soeiety (Montreal *Med. Jour.*) some notes on the examination of the blood of a man who was intensely anæmic, with a sub-icteroid hue. The number of red and white corpuscles were found to be normal, but the hemoglobin was reduced one-third. The case was one of pure chlorosis, which is quite a rare condition in a man. The man had been ailing for a year and a half, and had suffered severely from hemorrhoids. After using ten Blaud's pills daily for a week, the hemoglobin rose from 30 to 55 per cent., and at the end of the second week it was over 70 per cent, when he was lost sight of. He was a day laborer, and his occupation offered no clue as to to the cause of the chlorosis.

THE REMEDIAL USES OF APPLES.

Chemically the apple is composed of vegetable fibre, albumen, sugar, gum, chlorophyl, malic acid, gallic acid, lime, and much water. Furthermore, the German analysts say that the apple contains a larger percentage of phosphorus than any other fruit or vegetable. The phosphorus is admirably adapted for renewing the essential nervous matter, lecithin of the brain and spinal cord. It is, perhaps, for the same reason, rudely understood that old Scandinavian traditions represent the apple as the food of the gods, who, when they felt themselves to be growing feeble and infirm, resorted to this fruit for renewing their powers of mind and body. Also, the acids of the apple are of signal use for men of sedentary habits, whose livers are sluggish in action, these acids serving to eliminate from the body noxious matters, which, if retained, would make the brain heavy and dull, or bring about jaundice or skin eruptions and other allied troubles.

Some such an experience must have led to our custom of taking apple sauce with roast pork, rich goose, and like dishes. The malic acid of ripe apples, either raw or cooked, will neutralize any excess of chalky matter engendered by eating too much meat. It is also the fact that such rich fruits as the apple, the pear, and the plum, when taken ripe and without sugar, diminish acidity in the stomach, rather than provoke it. Their vegetable sauces and juices are converted into alkaline carbonates, which tend to counteract acidity.—*N. Amer. Pract.*

THE USELESSNESS OF ERGOT IN OBSTETRIC PRACTICE.

During the early years of my practice, I always carried ergot to obstetrical cases, and administered the drug according to the indications laid down in the text-books; but on the 21st of January, 1878, as a result of giving an ordinary dose of Squibb's fluid extract, I had most violent tetanic contraction ensue, which caused a badly ruptured perineum. This led me to a very careful review of the entire subject of the administration of ergot, as a result of which I ceased entirely to administer it as an oxytocic, though I still gave it at the close of labor to prevent after-pains and to secure contraction. This I continued to do for some time, carefully studying its effect, and giving it with less and less frequency, and for the last ten years I have not given a single

SANTAL-MIDY

OL: SANTAL: PUR: (MIDY)

For gonorrhoea and all forms of urethritis. It replaces copaiba, cubebs, and other remedies, without producing eructations, offensive odor or diarrhœa, and the discharge is reduced to a slight oozing in forty-eight hours. It cures the most obstinate cases of cystitis and inflammation of the neck of the bladder.

Dr. Posner stated before the Berlin Medical Society: "The best form of sandal-wood oil was the French preparation known as **Santal-Midy.**"—*Medical Record.*

Dr. C. H. Kirwan, says: "After six months' use I can say that I never obtained such satisfactory results from the internal administration of any drug in gonorrhœa as with Santal-Midy capsules; I prescribe them constantly and always with excellent results.—*Med. Herald.*

Santal-Midy is distilled from the best Mysore sandal-wood, and is dispensed in small, spherical capsules of 20 centigrammes.

Dose: 6 to 12 capsules daily.
Original bottles contain 40 capsules

Depot:

E. FOUGERA & CO.,
30 North William Street,
NEW YORK.

From which samples and literature may be obtained on application.

dose of ergot in obstetrical work, nor even carried it with me.

Ergot will unquestionably, in my judgment, obviate, to a certain extent, after-pains; but for reasons which I have already given this use of it is not devoid of danger.**

During these ten years I have, of course, had my share of cases of post-partum hemorrhage, but I have been able to control them all most effectually by some of the means which I have already alluded to, and have in no case had cause to regret the non-administration of ergot. I, therefore, believe sincerely that owing to its unreliability and its danger, and our possession of other means and agencies for the accomplishment of the desired result, ergot should be banished utterly from the lying-in chamber.—Dr. J. F. Baldwin, Columbus (Ohio) *Medical Journal.*

ONE MALPRACTICE SUIT BROUGHT FORTH FOURFOLD.

A few months since the court of Albia, Iowa, mulcted a Dr. Abegg in a considerable sum for alleged malpractice in setting a fractured limb. As a result the coming term of said court has four malpractice cases to consider, aggregating $30,000 damages. Unless the doctors stand by each other and stop these suits, none of them will have any money left. We emphasize the fact that the doctors could stop this state of things, because it was never known as a historical fact that any malpractice suit was won against a doctor when all his fellows stood by him. We never knew a malpractice suit brought against a physician unless some other doc or supported the bringing of the suit and promised to support the plaintiff by his sworn testimony. It is possible that a suit might be brought against a doctor when he was supported by all his fellows, but certainly no judgment could be obtained against him.

It would srem as if self-interest would induce every doctor to stand by his unfortunate brother, because if that brother is mulcted of damages in court it is but a question of a short time when he too will be made to act as defendant in a similar suit. It would seem as if self-interest alone would prevent any physician from encouraging or supporting a suit against any other doctor, even though he were his bitterest enemy. Certainly good common sense would teach any doctor not to play with such a dangerous "boomerang" as malpractice suits against his brother doctor. In the instance quoted, one suit was followed in a few months in a small country town by four other suits, and each against a different doctor.

There are plenty of bloodsuckers in every community that regard it as "smart" to get all the service they can out of a doctor and then blackmail him after refusing to pay for the service they have received. If the medical profession of that neighborhood do not stand together in self-protection against this class ef pirates, they will individually have occasion to regret it in the near future.

The great curse of the profession in the past and in the present is that it does not by its individual numbers stand shoulder to shoulder and meet the assaults of those who would degrade the profession or shoot its individual members. Were it strong in this practical brotherhood, it need fear naught from outside attacks—it could march to victory in all conflicts with its enemies. Especially would its individual members have no malpractice suits to look after.—*Amer. Lancet.*

"If you'll straighten your bow-legs, John," she said,
"To love you I will try."
The surgeon corrected his legs, but, alas!
It made him eight feet high.

At a New Jersey Sanitarium.—Pilkins—I don't see why you charge me $6 a day when you charge others only $4.

Hotel Keeper—Our medical adviser tells me your respiration is twenty-five per cent. above the normal. We don't give air like ours away.—*Puck.*

Palpitation.—Examining Physician of Insurance Company—What did your father die of?
"Palpidation ohf der heart."
Physician—Mother?
"Palpidation ohf der heart."
Physician—Two brothers?
"Palpidation ohf der heart."
Physician—What caused it?
"Dhey each bought a lottery ticket and missed der big prize."

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, Ale and Beef, "Peptonized," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

Two sample bottles to any physician who will pay express charges.

ALE & BEEF CO.,
267 W. 17th St., New York.

GRAVE'S SPECULUM, $1.50 Net.

MANUFACTURED BY
W. F. FORD
SURGICAL INSTRUMENT CO.
Makers of Superior Surgical & Orthopedical Instruments.
SOLE AGENT FOR THE
GIBSON STORAGE BATTERY for Medical and Surgical purposes.
315 FIFTH AVENUE,
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New illustrated catalogue sent free on application.

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BICYCLE RIDERS "HUMP" OVER
OR SIT ERECT?

Rambler Bicycles

CAN BE RIDDEN "Sitting Up."

Physicians Should Study
Rambler Anti-Vibratory Devices.
GET CATALOGUE.
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48 Institute Place, Chicago,
BOSTON. WASHINGTON. NEW YORK

THIS SPACE IS MINE.

KEEP YOUR EYE ON IT.

My Introductory Offer

Was in the Same Place

LAST WEEK AND WEEK BEFORE.

IT WILL PAY YOU TO LOOK IT UP.

I DEAL DIRECT.

Save all commissions and give you the benefit of it. If you have'nt asked for my list, do it now. Samples sent on request, mentioning this Journal.

Dr. W. C. ABBOTT,
Dosimetric Granules and Seidlitz Salt.
Ravenswood,
CHICAGO, ILL.

THE PUREST & MOST ACTIVE PEPSIN
EVER INTRODUCED.

Webber-Pepsin, S. & D.

Standard

1 TO 6000.

A Soluble, Non-Hygroscopic Inodorous, Permanent Pepsin.

Dose: ⅛ to 2 Grains.

The Webber-Pepsin will completely digest 6000 times its weight of coagulated egg-albumen in accordance with the conditions of the U. S. P. test or that of the National Formulary.

It is not a Peptone Pepsin yet it is perfectly soluble, being free from mucus and inert putrescible matter, and is so palatable that the most fastidious patient will take it readily.

It is entirely free from septic contaminations, or other products of decomposition.

Physicians will appreciate these several advantages as possessed solely by the Webber-Pepsin.

Although further investigations based upon the Weber process have enabled us to produce Pepsin capable of digesting from 20,000 to 30,000 times its weight of coagulated egg albumen, we have adopted 1 to 6000 as our standard for the Webber-Pepsin because this already far exceeds the digestive power or any other Pepsin yet introduced, and especially because the production of a Pepsin of a still higher digestive power disproportionately increases its cost.

The Webber-Pepsin is offered in Granular form and in Seales, but unless otherwise specified, we invaribly furnish the Granular form.

Samples fureished upon application.

Manufactured only by

SHARP & DOHME,
BALTIMORE, MD., U. S. A.

Specify "Battle" when Prescribing our Pre arations.

BROMIDIA
THE HYPNOTIC.

Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Canna bis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convul sions, Colic, Mania, Epilepsy, Irritability, etc. In the rest lessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

PAPINE
THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne prin ciple of one-eight grain of Morphia.)

IODIA
THE ALTERATIVE AND UTERINE TONIC.

Formula.—

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NEWS AND MISCELLANY.

INFLUENZA was the immediate cause of the death of Lord Tennyson, England's Poet Laureate.

DR. WM. N. BEGGS has been appointed Instructor in Pathology and Histology in the St. Louis Medical College.

THE inferior quality of food served in many private boarding schools for boys and girls is often a cause of scarlet fever and other diseases due to like cause.

E. O. VARS, an Andover, N. Y., druggist, was recently tried and convicted on the charge of selling tobacco to minors. He was convicted on fifteen points and fined $5 on each. Total, $75.

THE right of conferring the degree of Doctor, which was taken away from the University of Havana by the Spanish Government, has now been restored to it in deference to the strong protests of the teaching body and the students, notably those belonging to the Medical Faculty.

SURGEON-GENERAL MEHLHAUSEN has resigned his position as Director of the Berlin Charité Hospital, which he has held for twenty years. The Emperor has conferred on him the Star of the Order of the Crown, Second Class, in recognition of his services. Dr. Mehlhausen has been succeeded by Dr. Schaefer, of Brunswick, Physician in Ordinary to Prince Albrecht.

DURING the academic year 1891-'92, the total number of candidates who presented themselves at the State Examinations for the license to practise medicine in Bavaria was 632. These were distributed among the three Bavarian Universities as follows: Munich, 213; Wurzburg, 274; and Erlangen, 145. Of the 632 candidates, 442 passed, 164 being marked "sufficient," 252 "good," and 26 "very good." The number of candidates who presented themselves in 1890-'91 was 716, of whom 443 passed.—*Brit. Med. Jour.*

STRANGULATED HERNIA.

Strangulated hernia includes a class of cases that figure largely in hospital reports, and give a high death-rate. All authorities claim that in a considerable proportion of these cases reduction is impossible and operative interference compulsory. This I no longer believe. In all the years of my practice, part of the time surgeon to works employing thousands of mechanics, amongst whom such cases are frequent, I have never had to operate for strangulated hernia, nor have I ever had any trouble in reduction since adopting my present method. When called to a case of this kind I at once give an injection of morphine and atropine, to which latterly I added a little cocaine. I repeat this injection every ten or fifteen minutes until the patient is quite comfortable. Meanwhile I make him drink every five minutes from half to a cupful of a mixture consisting of—Strong black coffee Oj, fluid extract of ergot 3ij-3iv, and occasionally a little strychnine. Generally, within half an hour the rupture becomes flaccid, and gentle taxis reduces it. I use no anesthetics or hot baths, or external applications, and have reduced cases when other physicians have failed. Of 545 recorded cases of strangulated hernia, 260 died. Of these 260 at least 250 could have been saved by the above treatment.—ALEX. DALLAS, in *Med. News.*

CHIMNEY SWEEPS' CANCER.

Mr. Butlin, in his recent papers, speaks of the rarity of chimney-sweeps' cancer, originating primarily in glands. I have at the present time a case of undoubted cancer of the glands of the groin. The patient, who is now fifty-three, was brought up from boyhood as a sweep, and he attributes his disease to: (1) the peculiar attitude in climbing; (2) to the fact that he had as a boy but an annual wash; (3) that he was never allowed to wear braces, only a girdle; (4) to the fact that he had but one suit of clothes, which he was always forced to wear, even if stiff with grease and soot. His father died "from something which caused a sore on his mouth through chewing tobacco"—to use the patient's own words. This may have been epithelioma. He has had small-pox and rheumatic fever, the latter leaving him with a presystolic and systolic mitral murmur, and also a systolic aortic murmur. About fifteen months ago, when lifting some sacks, he felt a "click" in his groin, and a few months after a hard lump appeared, which in a few days became more prominent as a dark-red swelling. There is now repeated hemorrhage, and the external iliac artery may be seen pulsating at the bottom of the outer side of the open cavity. The penis and scrotum are quite unaffected.

JOHN H. STACY.

Norwich.

OCCURRENCE OF A LIPOMA IN A YOUNG CHILD.

In April of this year, whilst attending Miss M., I was asked to examine the two-year-old daughter of Mrs. B., Miss M.'s sister. The child was essentially rickety, and for this condition I prescribed; but from the mother's point of view the matter which required clearing up was the presence of a large swelling on the child's back. The tumor, which had been gradually increasing in size for upwards of a year, and had latterly taken on rapid growth, was situated a little below the angle of the left scapula, almost in the median line; in fact, slightly overlapping the spine, about the size and shape of half a cocoanut, not definitely circumscribed, soft and semi-fluctuating. Puncture with a moderate sized aspirating needle gave no result. Operative interference was decided upon and the tumor was removed under chloroform—its removal requiring rather an elaborate dissection from the absolute deficiency of any definite boundary. The large hole left after the operation looked alarming, but healed very kindly in the course of a few days under boric acid dressings. The tumor proved to be a lipoma. I am under the impression that the occurrence of a lipoma in so very young a child is sufficiently rare to merit a report of the case.—DR. ALFRED ELLIS VAUGHAN, in *Brit. Med. Jour.*

IT FETCHES THEM.

A certain Homeopathic physician not 100 miles from New York has the following style of bill head which many physicians might copy to advantage:

.....189..

M.... .....

To Dr. John Doe, Debtor:

To medical services and medicine from ——— 189— to date.....$ ——

Balance of bill rendered ——— 189— to date.....$ ——

To treating eye, ear and throat ——— 189— to date.....$ ——

Professional visits, including medicines .....$ ——

Office consultations.....$ ——

Surgical services .....$ ——

Confinements ... .$ ——

Total.....$ ——

Credits.... .....$ —

Balance due at date ..... $ ——

Received payment,

Doctor.....

Printed on the bottom of the bill-head is:

☞"A prompt settlement of this bill is requested. If bills are paid *monthly* a discount of 10 per cent. is given. Bills not paid promptly will be passed to my attorney for collection.

☞"If you pay your physician promptly he will attend promptly, night or day, while your slow neighbor suffers and waits, as he made the doctor wait, and while he is waiting the angels gather him in.

Moral: Pay your family physician promptly.—*Exchange.*

THERE was a young man in Eau Claire
Who was short in the matter of hair;
He applied to his head
Store butter, 'tis said,
And now he has bristles to wear.

DEFINITE CHEMICAL PRODUCTS.

THIOL.—Dr. de Sa, of Rio de Janeiro, reports excellent results from the use of thiol in varicose ulcers. Moncorvo, of the same city, has employed it in cutaneous affections of children, either pure or incorporated with glycerin, petrolatum, etc., with gratifying results.—*D. Med. Zeit.*

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

THIOL *vs.* ICHTHYOL.—Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, says Editor Stowell in the *National Medical Review*, ichthyol has won a first place. But it has the disadvantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur, and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerin. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proved of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions, and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession.—*The American Therapist*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York.

CÆSAREAN SECTION.

BY I. J. JONES, M. D., BENOIT, MISS.*

Operators in surgery are prone to report their cases, especially their successful ones, for the mere *eclat* it is supposed to give. I hold that they should not so encroach on the pages of medical journals unless there be something unique or instructive connected with their case.

The case below I think is of interest for two reasons. 1st. The indications for the operation, though believed to be imperative, were unusual if not entirely unique. 2nd. It was entirely unsuccessful, emphasizing the fact, that abdominal surgery, though painted in "*coleur de rose*" always menaces the life of the patient. The fatal result in this case arising from such an old fashioned event as surgical shock, a danger one would almost imagine from perusing current literature had been entirely obviated. And 3rd. It raises the question, what can the country surgeons do when confronted with the necessity and responsibility of such cases, though the surroundings are wholly unfavorable for asepsis?

M. C., colored, aged 34, seventh pregnancy, all normal except the last two, which were instrumental, but could learn no particulars, as the attending physician is now dead. Was called at 4, a. m., patient had then been in labor twenty-four hours. Parturition had been expected a month previous and at that time pains came on, but after continuing twenty-four hours fruitlessly ceased. Medical aid as is usual among the colored people here, was not called. After this the patient had regained her wanted health, and continued feeling well, until two days before I was called when she had a chill supposed to be malarial. Labor twenty-four hours before, had been ushered in by another of these chills.

I found the following conditions: External genitals dry and swollen; os fully dilated and high up; the head presenting in the second position; membranes absent and probably ruptured at the missed labor a month before; the pelvis was large and roomy. No measurements were made or deemed necessary.

I administered one drachm fluid, ex. ergot and repaired to my office, near by, leaving instructions to call me if contractions became stronger, six hours later the patient was cheerful and quiet with an occasional slight contraction. Repeated the ergot and two hours later having obtained no effect the forceps were applied, the instrument was easily applied but no amount of force, compatible with prudence, would effect the delivery.

I now called in Dr. James L. Murrell, who applied the forceps with same result. A more careful examination showed that the fœtus which was known to have been dead before, was in an advanced stage of decomposition. On passing the hand upward over the childs face, instead of finding the breast and arms as expected, the examining finger impinged on the shoulders and spinal column. This was all the intrauterine examination that could be made, owing to the high position of the uterus and the constricted condition of the os which had begun to contract. Palpation and percussion gave negative results. Temperature was now 103 deg. F., but no other septic symptoms, and patient's strength was good.

Embryotomy being decided against, owing to the high and almost inaccessible position of the foetus, entailing a tedious and protracted operation, and craniotomy not being indicated, as there was no obstruction to the descent of the head, a Cæsarean section was decided upon. Accordingly, such antiseptic precautions as could be carried out in an ordinary negro cabin were used, and the abdominal cavity was opened by the long incision. No hemorrhage being encountered, the remaining steps of the operation were rapid. The uterus was lifted from the abdominal cavity and incised; the incision being directly over the attachment of the placenta, it was disengaged and, being very large, delivered first; the child was found in an advanced state of decomposition, was seized by the feet and delivered. The uterus was thoroughly cleansed, dusted with boracic acid, and after inserting a pledget of Bichloride gauze in the cervix to maintain drainage, was closed by two rows of silk sutures, superficial and deep. A thorough toilet of the peritoneum was then made and the abdominal cavity closed with two sets of wire sutures, superficial and deep. Patient was then placed in bed and every means used to overcome the trouble from which she was suffering, but without avail. She died four hours after the operation.

When the peritoneum was opened a small amount of serous fluid was found in the cavity and the visceral layer discolored, evi-

*Read before the Bolivar County Medical Society, July 27th, 1892.

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dently a beginning peritonitis. When the uterus was opened the entire contents were found to be decomposing. The cavity was dry and had evidently been so for some time; and its walls were covered with a gummy, sticky exudate, to which the child was firmly adherent, partially explaining the failure of our efforts at version and instrumental delivery. The neck was completely twisted around, so that the back and face of the child were on the same side. This gave a rise to a supposition that there was something abnormal about the formation of the fœtus, and accounted, as we supposed, for the failure to deliver with the forceps and our inability to perform version.

The fœtus was abnormally large, weighing, perhaps, twelve pounds. The gangrenous process had invaded the uterine wall itself as deep as the muscular layer.

During the operation the patient's body, except the field of operation, was enveloped in warm clothing and hot bottles placed around it. The intestines were enveloped in warm aseptic towels and whiskey administered before the anæsthetic.

Attention is called to the following points:

1st. The gummy exudation, which rendered the child's body perfectly immovable within the uterine cavity.

2d. The twisting of the body on the neck, giving rise to the confusion in diagnosis.

3d. The long period which the fœtus was carried after its death (at least one month) and the extensive local decomposition, with general septic symptoms.

4th. The small hemorrhage which did not require a single hemostatic measure, and did not amount to three onnces altogether,

The operation occupied one hour. I was ably assisted by Dr. J. L. Murrell, of Beloit, Miss.—*Miss Med. Monthly.*

SPECIFIC URETHRITIS.

What I have to say pertains to specific urethritis and not to its complications or sequelæ, although *en passant*, in the care of these, this plan of work (which follows) offers material help to the surgeon, and will cause these not infrequent consequences of urethritis to be of rare occurrence.

In the attempted sterilization of the urethra, the entire penis is well scrubbed, paying especial attention to the part beneath the prepuce. An irrigator attached to a ball syringe is passed well back into the urethra. This fluid used is: First, an alkaline solution, soda bicarb. 3j to one pint of boiled water; second, while any antiseptic or germicide may be used—a solution of pyoktanin. For washing out the urethra, the surgeon, by intermitting pressure about the meatus, will distend and flush the canal. The distension of the canal, so that all the folds of the membraue may be effaced, I regard as important. The penis is stripped with a clean napkin to remove the excess of moisture. The patient lies down, and the surgeon with the powder applicator, thoroughly packs the urethra from the membraneous portion to the meatus with C. P., in palpable boric acid, which is also liberally sprinkled over the glans, and the latter well covered with absorbant sterilized cotton. A free serous secretion follows, which dissolves and washes away the acid in about three hours. The outcome of this course of treatment is a cure in about thirty-six hours. Of course, laxatives and a bland diet, anodynes or febricides are exhibited, according to the needs of the case. —C. S. PIXLEY, M.D, in *Times and Register.*

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SULFONAL is a pure hypnotic and gives rise to no sequelæ. It is safe and reliable in the Insomnias and is widely indicated in the neuroses. In small doses it acts as a sedative. It must be used as directed. (*Supplied in ounces, tablets and pills.*)

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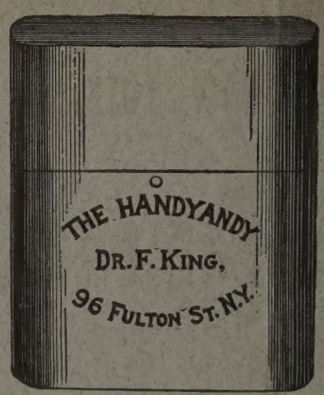
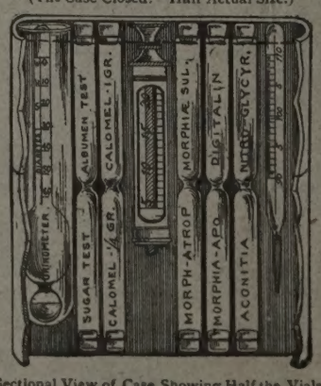
EVERY PHYSICIAN WANTS IT.



(The Case Closed. Half Actual Size.)



(Sectional View of Case Showing Half the Vials.)

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LIST OF TABLETS.

In addition to three tubes filled with the salts for the several urine tests, the case contains seventeen tubes which will be filled with such tablets as the buyer may select from the following list. Fraser's Tablet Triturates are the only ones we employ in filling these cases, thus insuring the absolute reliability of the medicines, and the appended list, which is selected from the catalogue of the Fraser Tablet Triturate Mfg. Co. comprising only such remedies as may be useful in emergencies calling for such amounts as can be conveniently carried in this case. When ordering the case please return this coupon, with the seventeen items you select, not marked off.

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Aconite fl. ext. 1 m.	Dover's Powder.
Aloin.	Ergotine.
Ammonia Muriate.	Hydrastis.
Apomorphia (hypo.)	Ignatia.
Atropia Sulph. (Hypo.)	Ipecac.
Belladonna fl. ext. 1 m.	Mercury and Chalk.
Calomel ¼ gr.	Mercury Protiodide.
Calomel Comp. No. 2.	Morphia ¼ gr. (Hypo.)
Camphor Monobrom 1-10 gr.	Morphia ¼ and Atropia 1-200 (Hypo.)
Cathartic Comp. U. S. P.	Nitroglycerine.
Cathartic Comp. Veg.	Nux Vomica.
Cathartic Comp. Imp.	Opium ¼ gr.
Cocaine Hydrochlor 1-200 (Hypo.)	Papoid
Conium Comp.	Rhubarb Comp. U. S. P.
Copper Arsenite.	Sparteine Sulph. 1-25.
Corrosive Sublimate ¼ gr.	Stibium, Opium & Camp.
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